

SCIENTIFIC-PRACTICAL CONFERENCE OF INFECTIOUS DISEASE SPECIALISTS AND  
EPIDEMIOLOGISTS OF THE MONGOLIAN PEOPLE'S REPUBLIC

AD647716  
7767-61124

Translation No. 1691

ARCHIVE COPY

April 1966



U. S. ARMY  
BIOLOGICAL LABORATORIES  
FORT DETRICK, FREDERICK, MARYLAND

ACCESSION for	
CFSTI	WITNESSION <input checked="" type="checkbox"/>
DOC	BUFF SECTION <input type="checkbox"/>
U. A. MOUNDED	<i>for 2d</i> <input checked="" type="checkbox"/>
J. S. I. GATION	<i>for 9a. Date</i> <input checked="" type="checkbox"/>
DISTRIBUTION/AVAILABILITY CODES	
DIST.	<input checked="" type="checkbox"/> AVAIL. and <input type="checkbox"/> SPECIAL
/	

DDC AVAILABILITY NOTICE

Qualified requestors may obtain copies of this document from DDC.

This publication has been translated from the open literature and is available to the general public. Non-DOD agencies may purchase this publication from Clearinghouse for Federal Scientific and Technical Information, U. S. Department of Commerce, Springfield, Va.

Technical Library Branch  
Technical Information Division

SCIENTIFIC-PRACTICAL CONFERENCE OF INFECTIOUS DISEASE SPECIALISTS AND  
EPIDEMIOLOGISTS OF THE MONGOLIAN PEOPLE'S REPUBLIC

[Following is the translation of an article by B.L. Uglyumov, published in the Russian-language periodical Zhurnal Mikrobiologii, Epidemiologii i Immunobiologii (Journal of Microbiology, Epidemiology and Immunobiology), Vol 42, No 7, 1965, pages 149-151. Translation performed by Sp/7 Charles T. Ostertag, Jr.]

In the end of 1964 in Ulan-Bator a Scientific-Practical Conference of Infectious Disease Specialists and Epidemiologists took place. In opening the Conference, the Director of the Institute of Medicine of the MNR Academy of Sciences, Academician Shagdarsuren noted that during the years of the people's rule great successes have been achieved in the struggle with infectious diseases. Long ago in the country smallpox and parasitic typhus had been liquidated, and only isolated cases of poliomyelitis and diphtheria are encountered. However there is still a quite high morbidity rate for intestinal infections. In particular this relates to dysentery and Botkin's disease. The goal of the conference was that on the basis of practical experience in antiepidemic work to achieve a further sharp reduction in infectious morbidity.

Oelir presented a review of the status of morbidity in Ulan-Bator. The reporter noted that the leading place in infectious morbidity is occupied by the group of intestinal infections: Dysentery, Botkin's disease, and typhoid-paratyphoid diseases. This can be connected with the inadequate sanitary organization of certain regions of the city, still more with the late exposure and hospitalization of sick persons and inadequate sanitary control over enterprises dealing with public nourishment. In the opinion of the reporter, the prophylaxis of dysentery is the main problem of sanitary-communal importance. This problem should be resolved by the joint efforts of the public health organs and the department for the communal economy of the city.

The report by Combosuren concerning the epidemiology of infectious hepatitis in Ulan-Bator was received with interest. Observations, made by the author in 1961-1964, made it possible to expose a number of peculiarities for Botkin's disease under local conditions. One of these was the predominance of morbidity in more poorly organized regions with an inadequate sanitary-hygienic level of life for the population. In the spreading of morbidity a focality is noted with the selective affection of separate children's collectives (day nurseries, kindergartens, schools), and also of separate families. In the opinion of the author, under these conditions the transmission of infection during Botkin's disease takes place according to the pattern of transmission of intestinal infections. The parenteral route of transmission has less importance, though it also must be taken into consideration when carrying out prophylactic measures.

The interesting report by N. Bagaazhav was devoted to the exposure of anicteric forms of Botkin's disease in epidemic foci. For the last 3 years 110 children were under the observation of the author. The main clinical symptoms cited in the report (dyspeptic phenomena, asthenia, increase of temperature, hepatolienal syndrome) were repeated in the patients with an anicteric form of hepatitis with approximately the same frequency as during the ordinary course of Botkin's disease. In the opinion of Bagaazhav, the presence of a light icteric state of the sclera, made apparent under bright illumination, does not contradict the idea of the anicteric form, during which in almost all the patients there is observed to some degree or other a disruption in the exchange of biliary pigments. The difference between the anicteric and common form of Botkin's disease is determined just by the level of bilirubinemia. The timely exposure of patients without an expressed jaundice along with their subsequent hospitalization led to a reduction in morbidity in children's collectives and made it possible to avert the emergence of epidemic outbreaks.

The attention of the participants of the conference, especially practicing physicians, was drawn to the report by Uunday "Errors in the Diagnosis of Botkin's Disease." This report, which is important in practice, contained an analysis of diagnostic errors, based on the materials of the Children's Infectious Disease Hospital. The cited clinical observations showed that often cases are observed of a superfluous diagnosis of Botkin's disease, under the diagnosis of which other diseases accompanying jaundice pass. In these cases patients have been directed to dispensaries when they had a sufficiently expressed clinical picture of sepsis, typhoid fever, pneumonia, influenza, and echinococcosis of the liver. The author came to the conclusion that hyperdiagnosis of Botkin's disease arose as a result of an insufficiently attentive examination of the patients on the part of the doctors, and an uncritical appraisal of the symptom of jaundice which is not limited to Botkin's disease.

A report concerning the causes of a protracted course of infectious hepatitis was presented by Corresponding Member of the MNR Academy of Sciences, Ragcha. On the basis of many years of observations, conducted in the therapeutic clinic of the Institute of Medicine, MNR Academy of Sciences, the author came to the conclusion that when appraising the clinical picture of infectious hepatitis there is great importance in the course of Botkin's disease against a background where the patient previously had had tuberculosis, brucellosis, syphilis, rheumatism, chronic gastritis, helminthic invasion, and alcoholism. In these combined forms hepatitis proceeds for a long time and seriously, with a considerable enlargement of the liver, high bilirubinemia, a significant disruption in the functions of the liver and frequent complications in the form of liver cirrhosis, which in separate cases transforms into primary cancer of the liver. Taking into consideration this peculiarity of regional pathology, it is necessary to subject such forms to a thorough clinical study in order to correctly carry out treatment, diagnosis and prophylaxis of possible complications of Botkin's disease.

These important problems were developed in the statements by the therapists Dolgor and Tserenlkham. In the opinion of these clinicians, in recent

years there has been a noticeable increase in the number of patients with liver cirrhosis who, as it was determined during anamnesis, had had Botkin's disease. "Cirrhosis became greater," stated Doctor Dolgor, "and to a certain degree this is natural." Such a realistic conclusion is supported by the following data of the 1st Ulan-Bator Clinical Hospital: In 1962 nine persons were treated for cirrhosis of the liver, in 1963 their number increased up to 23, and during the first half of 1964, 15 such patients entered the clinic. The increase in the number of patients with cirrhosis of the liver may be connected with the increased morbidity with hepatitis. The next years may bring new proof of this conclusion, if energetic prophylactic measures are not adopted. Doctor Dolgor spoke of the necessity for the carrying out of clinical observation of persons who had had Botkin's disease, and of the organization for their rational dietetic nourishment, which has particularly great importance under local conditions. The participants of the conference expressed the unanimous opinion that for the prevention of the after effects of Botkin's disease it is necessary to have the joint efforts of infectious disease specialists and therapeutists.

The clinical observations of many years on the treatment of acute dystrophy of the liver during Botkin's disease in pregnant women were presented in the detailed report by Gaam. On the basis of numerous data the author came to the conclusion that infectious hepatitis in pregnant women proceeds more severely and ends more often with dystrophy of the liver. The clinical picture was characterized by expressed jaundice, a progressive reduction in the dimensions of the liver, bloody vomiting, coma, and terminal hyperpyrexia. In 5 patients toxic dystrophy of the liver developed in the first half of pregnancy, and in 43 patients -- in the second half. Out of 48 pregnant women with acute dystrophy which were under the observation of the author, 35 died. Interruption of pregnancy in these cases did not produce encouraging results, therefore the problem concerning the interruption of pregnancy must be resolved based only on individual indices. Corticosteroid therapy, used for purposes of treatment on 35 patients with acute dystrophy, did not produce positive results. For the prevention of toxic dystrophy of the liver there is importance in the dispensary treatment of pregnant women, timely recognition of Botkin's disease, early hospitalization and the active treatment of the patients.

The report by Samdantsoodol was devoted to the study of the reasons for the formation of chronic dysentery in children in the age group from 6 months up to 3 years. Late hospitalization, aggravated anamnesis and accompanying diseases (rickets, dystrophy, avitaminosis), and also a serious course of the illness were pointed out as the main reasons for the transition of acute dysentery into chronic. Antibiotics, plasma, gamma-globulin, disintoxicants, vaccines and vitamins were designated for treatment purposes. Under local conditions there is exceptionally great importance in rational nourishment, enriched by vitamins.

A great deal of attention was given to the thorough report by Dulamsuren on the clinical aspects of typhus. This report was based on the materials from a thesis which the author performed in Moscow (in the clinic headed by Prof. Rudnev). As a result of the application of modern methods of treatment, in recent years it was possible to achieve a lowering in the percentage of complications and mortality from typhus.

The clinical aspect of diphtheria, complicated by myocarditis, was dealt with in the report by M. A. Belyayeva. In recent years the incidence of diphtheria in the MNR has been reduced sharply, however individual cases of this

infection require constant attention. The author explains the serious outcomes of diphtheria by late hospitalization and cites the problem of the early recognition of diphtheria and also the active immunization of all children with toxoid.

The interesting reports by Vobetskiy and Dashdava dealt with the problem of brucellosis, which is quite pressing under the conditions of the MNR. The authors presented the materials from the investigation of 10,132 persons, which was conducted by a team from the Ministry of Public Health and WHO. The investigations were carried out in individual aimaks (oblasts) and somons (rayons) selectively, by the method of setting up the Wright reaction with the blood sera of the persons being investigated. In some rayons the Ren and Coombs reactions were set up. As a result of the investigation a significant fluctuation was exposed in the indices of infection in separate rayons. It is dependent on the degree of brucellosis infection in animals. Thus, infection in Surik somon was 0.2%, and in Bogdo -- 25%. Incidence is found in direct dependency on the professional factor, mainly cattle breeders are affected. Based on the data of Dashdava, the clinical picture of brucellosis is characterized by polymorphism, by a predominance of locomotor forms. Treatment is carried out with antibiotics. Vaccine therapy is also used (according to Rudnev). The results of treatment are favorable: The general state of health is improved, pains in the joints disappear, and the size of the liver and spleen is reduced. In a number of cases a postvaccinal reaction was noted: Rigor, increase of temperature, intensification of the pains in the joints. As the observations of the author showed, the experience of vaccine therapy during brucellosis was fully justified.

Professor Vershilova, who attended the conference, in her report stressed the urgency of the problem of brucellosis under the conditions of Mongolia, and in connection with this the importance of carrying out prophylactic immunization with live vaccine in epidemic foci. A great deal of attention is merited by the early exposure and differential diagnosis of diseases which are accompanied by a hepatosplenic syndrome, and also the active treatment of patients with brucellosis.

In the prophylaxis of infectious diseases, exceptional importance is acquired in increasing the sanitary-epidemic level of life of the population. In the country all the prerequisites have been created for attracting a large segment of the population to participate in sanitary measures. The participants of the conference stressed the necessity for the extensive dissemination of medical-scientific knowledge, in which the population displays a great interest.

The paths for the further lowering of infectious morbidity in the Mongolian People's Republic were noted at the Conference.